

# ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

County of Maricopa

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CERTIFICATE NO. -64-

DOCKET NO. EMS 2780

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and pursuant to Department of Health Services rules, that public necessity requires the operation of

**WHITE MOUNTAIN AMBULANCE SERVICE, INC. dba W.M.A.S., INC.**

as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

1. **Service Area:** The Towns of Springerville, Eager, Greer, Alpine and Vernon and the outer geographical boundaries that would be encompassed by the following points: Starting at Milepost 355 on U.S. Highway 60; then on a straight line northeast to about Milepost 382 on State Highway 180/666, excluding Lyman Lake; then on straight line east to the Arizona/New Mexico Border; then due south along the Arizona/New Mexico border to a point adjacent to Blue in Greenlee County; then on line from Arizona/New Mexico border through Blue to Hannagan Meadows in Greenlee County to Reservation Line, then on straight line northwest from Reservation Line to Milepost 374 or A-1 Lake on State Highway 260, including Sunrise Ski Lodge and slopes; then continuing on straight line northwest to Milepost 355 on U.S. Highway 60 or point of origin.
2. **Central Operations Station:** Springerville, Arizona (118 South Mountain Avenue).

Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

RENEWAL

## CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending April 30, 2007 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.

BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN

WITNESS WHEREOF, I CATHERINE R. EDEN  
the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on 3/11/04

  
DIRECTOR

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

# ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

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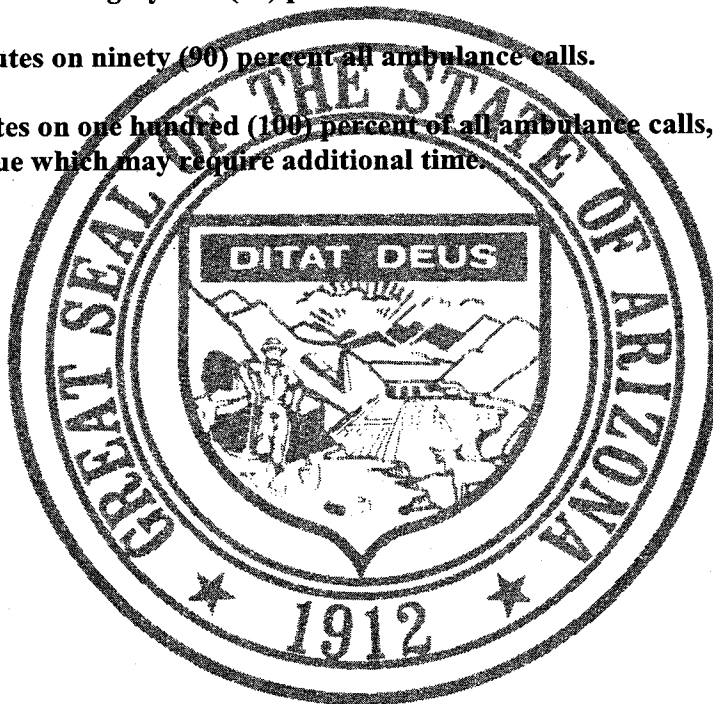
County Of Maricopa

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### 3. Response Times:

- a. Five (05) minutes on seventy-five (75) percent of all ambulance calls.
- b. Ten (10) minutes on eighty (80) percent of all ambulance calls.
- c. Fifteen (15) minutes on eighty-five (85) percent of all ambulance calls.
- d. Twenty (20) minutes on ninety (90) percent all ambulance calls.
- e. Thirty (30) minutes on one hundred (100) percent of all ambulance calls, except Hannagan Meadows and Blue which may require additional time.



## CERTIFICATE OF NECESSITY

(CONTINUATION PAGE ONE)

ISSUED \_\_\_\_\_

EXPIRES April 30, 2007

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DIRECTOR

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE